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BUDGET RESOLUTIONS PASS: TAX CUT SLASHED, NIH BOOSTED IN SENATE

The FY 2004 budget resolutions, which will set the guidelines for tax and spending policy decisions made by Congress this year, have now passed the House and Senate. The respective versions now go to a conference committee to work out the differences. The budget resolution is not a law and thus, the President has no role in its enactment.

The House version, passed on March 21, provides \$775 billion in discretionary spending for FY 2004, about \$9 billion above FY 2003 levels. President Bush's FY 2004 budget includes \$786.6 billion in discretionary spending, according to an analysis conducted by the Congressional Budget Office. The House document includes cuts of 1 percent from several mandatory spending programs and domestic discretionary spending. These are not expected to survive the conference.

The Senate resolution, approved on March 26, is much more generous on the spending side, allocating \$791 billion for discretionary accounts. During its consideration of the bill, the Senate provided an additional allocation of \$1.8 billion for Function 550, which includes the National Institutes of Health and the Centers for Disease Control and Prevention.

On the tax side, the House adopted the President's full proposal to cut taxes by \$726 billion over ten years. The Senate, after initially agreeing with the House, saw enough votes switch to pass an amendment that would reduce the tax cut package to \$350 million. Both the House and Senate resolutions have included provisions making the tax cuts easier to enact. When the actual legislation, with the details of the package, comes to the Senate floor, only a simple majority will be necessary to pass it, rather than the 60 votes needed to end a filibuster.

The Republican-controlled Congress hopes to get the two versions reconciled by April 11, just before the Spring recess. Last year a divided Congress (Republican House, Democratic Senate) failed to pass the resolution, which was one of the factors leading to the long-delayed appropriations process for FY 2003.

Supplemental Appropriations Sought to Pay for War and Homeland Security

President Bush sent his long-awaited FY 2003 supplemental appropriations request to the Congress last week. He asked for \$74.7 billion, of which more than \$60 billion would go to the Department of Defense to help pay for the war with Iraq. The bill also includes some funding for reconstruction of vital infrastructure in Iraq. Over \$4 billion would go for Homeland Security efforts, but congressional Democrats will attempt to increase this figure. The President hopes Congress will enact the bill quickly. Congress hopes to comply and will attempt to keep the bill from becoming a typical supplemental spending bill with many additions for special projects. It appears that more help for the beleaguered airline industry may be the only extra in this legislation.

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HOUSE APPROPRIATIONS SUBCOMMITTEE EXAMINES CDC

The Centers for Disease Control and Prevention (CDC) is “a well kept secret,” exclaimed Rep. Ralph Regula (R-OH), Chairman of the House Appropriations Subcommittee on Labor, Health and Human Services, at the agency’s appearance before the Subcommittee on March 27. The American public does not know “how important the CDC is,” the Chairman continued. He noted that the CDC is “directly responsible for the things that will impact [his] constituents. It is an extremely important agency.” Regula lamented that the public knows so little about what the CDC does.

Introduced by Rep. John Linder (R-GA) and appearing for the first time before the Subcommittee, CDC Director Julie Gerberding received a very warm welcome from panel members. House Minority Whip Steny Hoyer (D-MD), who sits on the Subcommittee, congratulated Gerberding on her leadership, and agreed with the Chairman that the agency is “largely unknown.” The American people receive a “very big payoff” from their investment in CDC, Hoyer observed.

According to Gerberding, since her appointment as CDC Director in July 2002, her overarching goals for the agency includes practicing evidence-based science grounded in peer-reviewed research. Highlighting her broad priorities, Gerberding observed that she has “identified high priority prevention areas that will be addressed by innovative initiatives” proposed for FY 2004. The “centerpiece of this effort is *Steps to a HealthierUS*. The program is designed to reduce the burden of obesity, diabetes, asthma, and other chronic conditions, by promoting healthy choices in nutrition, physical activity, youth behavior, and preventive health care,” she noted. The effort builds on the work of the National Center for Chronic Disease Prevention and Health Promotion and will be in partnership with other Department of Health and Human Services agencies.

“Chronic diseases, which are largely preventable through attention to healthy lifestyles and preventive services, cause 70 percent of all deaths each year and account for 75 percent of the health care costs in the United States,” Gerberding informed the Subcommittee. If current policies hold true, she continued, by the year 2011, our nation will spend more than \$2.8 trillion on health care. “The U.S. spend more on health care than any other country in the world, yet 125 million American live with chronic

conditions and millions of new cases are diagnosed each year,” the CDC Director emphasized.

From the Bench to the Trench’

According to Gerberding, the critical gap the CDC fills is that it “takes biomedical discoveries from the bench to the trench.” She highlighted the Diabetes Prevention and Control Program in New York as an example of how risk factors can be modified successfully years before they contribute to illness and death. The program, which has been in existence for the past six years, has reduced the rate of lower extremity amputations among people with diabetes by 36 percent; reduced hospitalization rates of diabetics by 30 percent; and reduced the incidence of end stage renal disease in people with diabetes by 14 percent.

‘Moving ...From a Disease Care System to a True Health System’

At the heart of the *Steps to HealthierUS* initiative “lie both personal responsibility for the choices Americans make and social responsibility to ensure that policymakers support programs that foster health behaviors and prevent disease,” says Gerberding. We can no longer sustain the suffering that preventable disease and conditions cause. The program “represents a bold shift in our approach to the health of our citizens, moving us from a disease care system to a true health system.”

Responding to Rep. John Peterson’s (R-PA) question of whether most causes of death are due to individuals’ bad choices, Gerberding emphasized that the social environment is also a factor. It is not only bad choices, the CDC Director noted, and she highlighted the lack of physical education and the presence of candy bars and soft drinks in vending machines within schools.

Peterson declared that despite the doubling of the National Institutes of Health’s budget over the last five years, we have “become a less healthy nation because of bad choices.” We need to translate into health policy what works, answered Gerberding. We need to encourage people to make better choices. There are specific interventions that we know work. We need to disseminate information about those

things. It also takes participation at the local level to deal with health disparities and cultural issues, Gerberding answered.

Peterson asked the whereabouts of the Surgeon General. We don't have anybody speaking out and the general public has less and less knowledge. The crisis in this country is its health, declared Peterson. It is not about curing diseases, it is about preventing them. Regula noted that he will explore having the Surgeon General appear before the Subcommittee.

Peterson recommended the CDC rate the states and challenge them to change their numbers. Gerberding answered that the agency is working to define credible performance measures. Measurement matters, she emphasized.

Noting that the CDC "is a treasure," Rep. Rosa DeLauro (D-CT) decried the elimination of physical education programs at the Department of Education. She also noted that many schools are contracting with vendors, putting in candy, and using the dollars to carry out programs. DeLauro also lamented the installation of soda vending machines within schools.

Expressing her satisfaction with the CDC's Wisewoman program, currently in 11 states, DeLauro praised the program's lifestyle counseling component, in addition to other services it provides. DeLauro encouraged the expansion of the program to all 50 states. Geography should not be the determinant of your health outcome, she stressed. Gerberding noted that she is enthusiastic about the program and is currently examining what makes it work so as to adapt that to the *HealthierUS* program.

Rep. Ann Northup (R-KY) questioned whether or not the CDC was effective getting the information from the lab to the marketplace. What you are doing with regards to obesity and exercise is "hugely important." Northup emphasized that she feels that the CDC is very good about understanding these issues. She questioned however, whether they are having trouble making them common place. She asked if the reason why is the lack of research or communication of the research. Gerberding noted that we have to have public health research and strategies for dissemination.

USDA RESEARCH OFFICIALS APPEAR AT HOUSE AGRICULTURE APPROPRIATIONS HEARING

On March 13, the U.S. Department of Agriculture's (USDA) Research, Education, and Economics (REE) officials appeared before the House Appropriations Subcommittee on Agriculture, Rural Development and Related Agencies to discuss the President's FY 2004 budget for their agencies. REE is headed by Under Secretary Joseph Jen and the Chairman of the Subcommittee is Rep. Henry Bonilla (R-TX).

Bonilla convened the hearing by noting his disappointment with the Administration's decision to remove most of the FY 2003 congressional earmarks from the FY 2004 REE budget.

He promised to discuss the matter further with Office of Management and Budget Director Mitch Daniels. Jen tried to answer the Chairman's grievance in his opening statement by noting that the Administration believes that peer-reviewed competitive programs are a much more efficient use of taxpayer dollars than earmarks "provided to a specific recipient for needs that are not national." The Undersecretary then went on to highlight benefits of agricultural research as spelled out in a National Academies report on REE. (See *Update*, January 27, 2003).

Turning to individual REE accounts, Cooperative State Research, Education, and Extension Service Administrator Colien Hefferan pronounced the importance of the National Research Initiative Competitive Grants Program (NRI) in her statement. "Funding for agricultural research, particularly that pursued at university campuses, has dramatically lagged behind funding for other disciplines. The \$46 million increase in FY 2003 for the NRI was a step" in the right direction, she asserted. The NRI is authorized at a level of \$500 million. Congress appropriated \$166 million to the program in FY 2003 and the Administration has requested \$200 million for FY 2004.

Susan Offutt, Administrator of the Economic Research Service (ERS), had a chance to spotlight some of her agency's work in response to questions from Subcommittee members. Rep. Tom Latham (R-IA), the panel's Vice Chair, asked about consumer reaction to genetically-altered foods. Offutt explained that as more information about these products is made

public, sales rates and price levels both rise. She also noted that under the FY 2004 budget proposal, the ERS will study consumer reaction to genetically-altered wheat. Rep. Maurice Hinchey (D-NY) inquired about food safety research; Offutt responded by discussing her agency's use of cost-analysis to examine the economic impact of food-borne illness as relates to food safety.

In related news, COSSA recently submitted written testimony to the Subcommittee in partnership with the Council on Food, Agriculture and Resource Economics (C-FARE) regarding the REE agencies and programs.

HOUSE COMMITTEE EXAMINING NIH MANAGEMENT AND OVERSIGHT

Citing the National Institutes of Health's (NIH) "admitted need for confidence building, . . . the public interest in wise management of government resources, and the significant budget increases over the last five years," the House Energy and Commerce Committee is "conducting an examination of NIH management and oversight of its Federally-funded research."

In their letter to NIH Director Elias Zerhouni, Committee Chairman W.J. "Billy" Tauzin (R-LA) and Rep. James C. Greenwood (R-PA), Chair of the Subcommittee on Oversight and Investigations, state that between 1998 and 2002, Congress increased NIH's appropriations from \$13.6 billion to \$23.1 billion, a boost of \$9.5 billion. "During that same period of time, NIH has increased the amount of grant awards it has given out from \$9.5 billion to \$16.6 billion, an increase of \$7 billion."

The Committee is requesting the following:

1. A detailed description of how NIH oversees grantees' financial management of grant funds, including training of those who review this information, steps taken in the review, and the number of full time equivalents involved.
2. A list of all grantees receiving grants from NIH over the last two years, including the total amount of funds provided to each grantee over the two-year period.

3. A summary of allegations for all 54 active grant reviews that the Office of Management Assessment (OMA) is currently conducting.
4. Summaries of OMA reports of fraud, waste, abuse, or mismanagement relating to grants or individual cases of non-compliance with grant funding requirements.
5. Federal guidelines on how grant funds may be spent with respect to administrative expenses. This should include an explanation of what due diligence NIH performs in overseeing use of grant funds for administrative expenses.
6. Provide a list of administrative costs incurred by each institute or center each year over the last five years (since January 1, 1998), including categorical breakdown of how administrative funds were spent.
7. During one of the Committee's investigations last year the Committee became aware that NIH was providing grants to the Coulston Foundation (TCF), a registered animal research facility in Alamogordo, New Mexico that has recently declared bankruptcy. . . The NIH is to provide a copy of all files relating to TCF maintained by the grants management and program officers who have overseen NIH grants to TCF.

Hearings have not been scheduled by the Committee on the matter.

APA/NIGMS HOLD THIRD ANNUAL NATIONAL INVITATIONAL WORKING MEETING

Continuing its mission to increase the number of ethnic minority biomedical scientists and research psychologists, the American Psychological Association and National Institute of General Medical Sciences (APA/NIGMS) held its third national invitational working meeting late last year. The goal of the meeting was to encourage the development of partnerships among Federal biomedical research and training agencies, scientific and professional associations, and associations of minority-serving post-secondary institutions.

According to Bertha Holiday, the Principle Investigator of the project, the goal is not just to

strengthen the academic skills and research competencies of participating individuals, but also to strengthen the institutional capacity necessary for increasing the number of persons of color in the educational pipeline for biomedical research careers in psychology. This need is essential in the areas of AIDS, cardiovascular disease, diabetes, cancer, substance abuse, neuroscience, gerontology, pain and its management, developmental disorders, and other issues at the intersection of health and behavior with disproportionately negative impact on the health and lifespan of individuals of color.

The APA/NIGMS project consists of five Regional Centers, each involving a major research institution and a minority-serving two-year or four-year institution(s):

Eastern Center: Morgan State University, Prince Georges Community College, and the University of Maryland at College Park; **Midwestern Center:** Chicago State University and Truman Community College; **Rocky Mountain Center:** Dull Knife College, Sinte Gleska University, Ft. Belknap College, and the University of South Dakota; **Southeastern Region:** Florida International University, Miami-Dade Community College, and the University of Miami; **Western Region:** University of California-Los Angeles, California Statue University-Dominguez Hills, and Santa Monica College.

Each regional center developed a strategic plan for affecting systemic retention and training in the biomedical areas of psychology. The plans are formally reviewed and updated annually.

Major project successes include:

- The development and maintenance of intensive summer and/or academic year research mentorship programs in four of the five regional centers;
- The development of a common psychology course that is team-taught by faculty in the psychology and biology departments of a community college;
- Regional multi-institutional lectures series;
- The development of both a comprehensive advisor system for Native American students at a major research institution as well as a formal pipeline peer mentoring system to enhance the retention of Native American students from community college through doctoral studies;
- The showcasing of participating students' research through campus poster fairs and

presentations at regional conferences;

- The development of a multidisciplinary Life Science Center which provides various types of academic support as well as employment to students;
- The development of numerous academic support programs and workshops;
- Outreach to ethnic minority high school students; and
- Documented increase in the number of minority students engaging in biomedical research and training at most participating institutions.

Lessons Learned

Lessons learned through the project include:

- The development of institutional partnerships requires the mending and strengthening of relationships. Quite often, participating major research institutions were viewed as having shunned, ignored, or devalued the efforts of predominantly-minority institutions, and these histories served as barriers to effective partnerships.
- Support by administrators is important. Their involvement signals that the partnership is a valued activity.
- Creative incentives are needed. Faculty support for new initiatives often requires incentives.
- The need for accountability. Strategic plans, with their required statements related to timelines and responsible persons for task completion, are a valued accountability tool.
- The power and importance of persistence. Systemic change is not instant, nor is it linear. Institutional relationships and systems take time to mend.

Clifton Poodry, Director of the Minority Opportunities in Research Division at NIGMS, explained that the Institute wanted to "engage more minds in the process." To this end, NIGMS set out to devise and manage the program in the way they would oversee research grants. In the past, Poodry noted that programs were not building upon themselves and were seldom embracing the knowledge generated by the others.

HEALTH STATISTICS COMMITTEE CHAIR ADDRESSES COMPLAINTS TO THOMPSON

In a February 28 letter to Department of Health and Human Services' Secretary Tommy Thompson, John R. Lumpkin, Chair of the National Committee on Vital and Health Statistics (NCVHS), asserted that there is "a threat to the backbone of our nation's health statistics system." On behalf of the Committee, Lumpkin also expressed concern that "the President's FY 2004 budget does not adequately support [the] important effort" of the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) "to provide essential data on the nation's health and healthcare."

The President's budget sets back efforts "to build a strong, technologically-sophisticated health information infrastructure," the Committee observed. The budget "moves in the wrong direction. It will undermine the viability of NCHS core programs."

Three areas are of particular concern to the NCVHS Chair:

- 1) There is an unacceptable trade off between essential long-term investments and, in the short run, continuation of efforts to collect sufficient data on high priority topics through the National Health Interview Survey (NHIS). "This survey, a cornerstone of our nation's health statistics system, produces important national information on health behaviors, insurance, access to care, and racial and ethnic disparities. It also serves as the national benchmark for more targeted surveys in states and the private sector, and for integrated survey efforts across HHS." According to Lumpkin, a reduction in the sample size of NHIS "will frustrate efforts to monitor the health of minorities, the disadvantaged, and the disabled." HHS should make every effort to provide sufficient funding to ensure that data collection and analyses are not interrupted or reduced to an unacceptable effort in the short run, Lumpkin emphasizes.
- 2) NCHS has not been given the necessary resources for investments in technology development or assisting states with implementation of a web-based technology

platform designed to provide quicker and higher quality data.

- 3) The budget for NCHS proposes significant reductions in information technology funding at a time when NCHS "is taking positive, overdue steps to invest in the technology of its data systems."

The additional resources needed to help NCHS maintain its programs and advance its information technology closer to the cutting edge are small in comparison to our public and private investment in health, but will greatly facilitate addressing our most pressing information, concludes the Chair.

GENOMICS: A VISION FOR THE FUTURE

Since its inception, the National Human Genome Research Institute (NHGRI) has been guided by a series of plans that have set out impressive and ambitious goals. At the thirty-seventh meeting of the National Advisory Council for Human Genome Research, Institute Director Francis Collins discussed the planning process for the future of genome research. Referring to an advance draft provided only to council members, Collins observed that the Institute was able to accomplish visionary goals outlined in the original Institute of Medicine panel and those of the three subsequent plans published in 1990, 1993, and 1998. The 1998-2003 plan called for the completion of a working draft sequence of the human genome, which has been achieved. (See *Update*, November 20, 2000).

What Next?

According to Collins, in April 2003 a plan guiding NHGRI into the future will be published. That plan will outline where the Institute is headed now that all of the "original goals have been achieved." Despite having completed the sequencing of the human genome and several other species, we are "far away from knowing how it works," Collins explained.

Describing the Institute's fourteen month planning process, Collins noted that the process focused on topics that needed attention. These included: Race, ethnicity, genetics, and health disparities; Bioethics and humanities research; Ethical

boundaries on genomic and genetic research; Relating genetic variations to health and disease; Genomics to health; and Education and public engagement.

Collins noted that the plan took a lot of effort to revise. In addition to addressing major challenges in three areas: biology, health, and society, the new plan will address six cross-cutting areas: resources, training, ELSI (ethical, legal, and social implications), education, technology development, and computational biology.

The plan, according to Collins, will have grand challenges for the field. It will include areas that NHGRI cannot do alone or even take the lead on. It will, however, also have a section on implementation to explicate NHGRI's role.

According to Collins, the goals of the genomics to health section of the plan include:

- Develop robust strategies for identifying genetic contribution to disease and drug response;
- Develop ways to identify gene variants that contribute to good health and resistance to disease;
- Develop genome-based approaches to prediction of disease susceptibility, drug response, early detection of illness and molecular taxonomy of disease;
- Use new understanding of genes and pathways to develop powerful new therapeutic approaches to disease;
- Explore how genetic risk information is conveyed in clinical settings;
- Develop genomics-based tools that improve the health of all and not only those with special resources.

Challenges in the area of genomics to society include:

- Developing policy options regarding use of genomics;
- Understand the relationship of genomics, race, and ethnicity and the consequences of uncovering these relationships;
- Understanding the consequences of uncovering the genomic contributions to human traits and behavior';
- Assessing how to and then defining the ethical boundaries of the use of genomics.

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